

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP	IND	DEP			
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9	1						59				
10	1						60				
11		(1)					61				
12		(8)					62				
13							63				
14	1						64				
15	1						65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	10	←	↓	←	↓	←	TOTAL DEP.	←	↓	←	↓
TOTAL CLAIMS	15	█	█	█	█	█	TOTAL CLAIMS	█	█	█	█